FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL									
OMB Number:	3235-0076								
Expires:									
Estimated average	je burden								
hours per respon	se16.00								

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
	> SEC \
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	RAPEZZENI HEW
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Sustainable Living Systems, Inc.	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Inc. 5725 Shoal Cliff Drive, Joplin, MO, 64804 417-671-0725	cluding Area Code) 104
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (In different from Executive Offices)	ncluding Area Code)
Brief Description of Business	
Sustainable Living Systems, Inc. was organized as a builder and facilitator of turn-key geodesic-based homes that s	self heat and self cool.
	PROCESSED
Type of Business Organization Corporation limited partnership, already formed other (please specify):	PROCESOLD
business trust I imited partnership, to be formed	T
Month Year	JUL 2 5 2008
Actual or Estimated Date of Incorporation or Organization: 015 018 Actual Estimated	THOMSON REUTERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSOM KEDIEKS
GENERAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230 77d(6).	1.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that a which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not mentally signed copy or bear typed or printed signatures.	nanually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer an thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notion this notice and must be completed.	n each state where sales the proper amount shall
ATTENTION —	·····
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, appropriate tederal notice will not result in a loss of an available state exemption unless such exemption is a	

filing of a federal notice.

			A. BASIC ID	ENTII	TICATION DATA				
Each beneficial ow	he issuer, if the ner having the p icer and directe	issuer hower to ower to or of corp	nas been organized vote or dispose, or d	irect th	•				es of equity securities of the issuership issuers; and
Check Box(es) that Apply:	☑ Promote	· 🗷	Beneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
full Name (Last name first, i Perkins, Sarah Grace	f individual)			· · · · ·					
Business or Residence Addre 5725 Shoal Cliff Drive, Jo			t, City, State, Zip C	ode)					•
Check Box(es) that Apply:	Promote		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Blundell, Joseph Timothy	•					•			
Business or Residence Addre 5725 Shoal Cliff Drive, J	•		t, City, State, Zip C	ode)			L .		
Check Box(es) that Apply:	Promote		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
full Name (Last name first, i Stacey, David Anthony	f individual)		······································						
Business of Residence Address 5725 Shoal Cliff Drive, J			t, City, State, Zip C	odc)					
Check Box(es) that Apply:	Promote		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, i	f individual)				· · · · · ·				
Business or Residence Addre	ss (Number a	nd Stree	t, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promote		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number a	nd Stree	t, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promote		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
uli Name (Last name first, i	f individual)			<u> </u>	<u> </u>				
Business or Residence Addre	ss (Number a	nd Stree	t, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promote		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				 				
Business or Residence Addre	ss (Number s	nd Stree	t, City, State, Zip C	ode)					
	/lise	hlank sh	eet or conv and use	additi	onal copies of this s	heet s	s necessori	Α	

Γ	·····	····			B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
i.	Has the	issuer sol	d, or does ti			ll, to non-a Appendix				•		Yes 🔀	No
2.											s_10,000.00		
3.												Yes R	No
4.	lf a pers	sion or sin son to be lis s, list the n	ilar remune sted is an ass	ration for s sociated pe roker or de	olicitation rson or age aler. If me	of purchasent of a broi ore than five	ers in conn (er or deale e (5) persor	ection with r registered as to be list	sales of sec d with the S ed are asso	curities in t EC and/or			
Ful	l Name (Last name	first, if ind	ividual)	·								
Bu	siness or	Residence	Address (N	lumber and	Street, C	ity, State, 2	(ip Code)					`	
Na	me of As	sociated B	roker or De	aler		·				,			
Sta	tes in WI	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						•
	(Check	"Ail State	s" or check	individual	States)			***************************************			***************************************	□ AI	States
	AL IL MT	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FI. MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)		•	•	··.					
Bu	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler		·				<u>.,</u>			
Sta	tes in WI	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)	***************************************						☐ Ai	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler				<u></u>					
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
	(Check	"All State	s" or check	individual	States)	***************************************		*************	***.*********	•••••••••		☐ AI	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	<u>ok</u>	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	3,000,000.00	\$ 10,000.00
	Common Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	s	\$
	Other (Specify)	s	S
	Total	3,000,000.00	\$ 10,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	- 	<u></u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases
	Non-accredited Investors		\$ 10,000.00
			\$
	Total (for filings under Rule 504 only)		3
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs	Z	s 500.00
	Legal Fees		\$_9,500.00
	Accounting Fees		\$ 8,000.00
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)	n	\$
	Other Expenses (identify) Travel & Postage		\$ 7,000.00
	Total		s 25,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fithe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[<u>s 200,000.00</u>	s
	Purchase of real estate	[□\$
	Purchase, rental or leasing and installation of made and equipment	[
	Construction or leasing of plant buildings and fac	ilities[5 1,300,000.00 1,300,000.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ue of securities involved in this ets or securities of another		
	Repayment of indebtedness	-		
	Working capital			
	Other (specify):			
				2 \$_421,000.00
	Column Totals			
	Total Payments Listed (column totals added)		□ \$ <u>-2,</u> 9	975,000.00
		D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sion, upon writter	e 505, the following 1 request of its staff,
Issu	er (Print or Type)	Signature / / /	Date	
Su	stainable Living Systems, Inc.		7/15/08	
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Sa	ah Perkins	President		

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE					
!		resently subject to any of the disqualification	Yes	No K			
	Sec	Appendix, Column 5, for state response.					
2	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is ad by state law.	filed a no	tice on Form			
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, inform	ation furr	ished by the			
4	limited Offering Exemption (ULOE) of the st	sucr is familiar with the conditions that must be satisfied to be e tate in which this notice is filed and understands that the issucr cl ring that these conditions have been satisfied.					
	suer has read this notification and knows the contouthorized person.	ents to be true and has duly caused this notice to be signed on its bel	alf by the	undersigned			
Issuer	(Print or Type)	Signature Date	•				
Sustai	nable Living Systems, Inc.	7/15/08					
Name	(Print or Type)	Title (Print or Type)					

President

Instruction

Sarah Perkins

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited				
AL							:		
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL			_						
GA									
ні									
ID									
ΙL									
ĪN					,				
ĪΑ									
KS	×		Equity-\$10,000.00			1	\$10,000.00		×
KY									
LA									
МЕ									
MD									
MA									
MI									
MN									
MS									$\overline{\Box}$

2

				APP	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо	×		Equity-\$20000.00			2	\$20,000.00		×
МТ									
NE									
NV									
NH									
IJ									
NM						·			
NY									
NC									
ND									
ОН							1		
ок									
OR									
PA							:		
RI									
SC									
SD									
TN									
TX									
ហា									
VT									
VA									
WA			,						
wv									
WI									

	APPENDIX													
1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state		4 Type of investor and amount purchased in State									
State	(Part B	No	(Part C-Item 1)	Number of Accredited Investors	(Part	C-Item 2) Number of Non-Accredited Investors	Amount	(Part E	-Item 1) No					
WY														
PR]]						

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